



# DRAFT Community Services and Supports (CSS) Plan Requirements - In-depth Discussion of Issues Sections V - IX

Mental Health Services Act  
Community Services and Supports (CSS)  
Conference Call

Monday, March 14, 2005

3:00 PM – 4:00 PM

TOLL FREE CALL IN NUMBER: 1-877-366-0714

NO PASSWORD NEEDED

TTY# 1-800-735-2929



# CSS Conference Call #3 AGENDA

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- 3:00 Welcome and Purpose of Call – Bobbie Wunsch
- 3:02 Review Agenda and Conference Call Process –  
Bobbie Wunsch
- 3:05 Review Purpose of Document, Expenditure Plans and Logic  
Model - DMH
- 3:10 Review Document Sections V – VII - DMH
- 3:20 Questions and Answers – Bobbie Wunsch and DMH Staff
- 3:35 Review Document Section VIII and IX – DMH
- 3:45 Questions and Answers – Bobbie Wunsch and DMH Staff
- 3:58 Next Steps and March 23 Meeting – Bobbie Wunsch
- 4:00 Adjourn



# Purpose of Document

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- To set forth draft requirements for Community Services and Supports (CSS) Program and Expenditure Plans
- To achieve balance between being prescriptive enough to tell “statewide story” and allow for individual county differences, creativity and initiative
- A county may select an issue, population or service not specified in the document, but when doing so must justify why their selection has higher priority and remains consistent with the intent and purpose of the MHSA



# Expenditure Plans

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- Two types of funding
  - Enrolled members
  - System capacity
- The majority of funding should be for enrolled members. Counties are expected to request enrollment funds for all four age groups
- We talked about focal populations on the last call, today we will be talking about system capacity strategies.



# Logic Model

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- Remember that plan requirements follow a logic model
- Logic models display program components in a logical flow
  - Identify community issues
  - Assess unmet mental health needs
  - Decide on focal populations
  - Identify strategies for system capacity
  - Assess system capacity
  - Develop workplan
  - Develop budget



# Organization of Document

## (p. 7)

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- Focus for today's call – Sections V through IX.
- For each section:
  - Purpose of section
  - Required responses
    - Series of items which counties must respond to in their applications



# Section V: Identifying Strategies for System Capacity Funding (pp.19-28)

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## ■ Direction:

- Counties must identify service needs consistent with intent and purpose of MHSA
- Strategies should move system toward transformation
  - Build on successful programs
  - Be culturally competent
  - Be client and family driven
  - Be oriented toward wellness, recovery and resiliency
  - Intergenerational services are encouraged as well as those that are age group specific
- DMH has provided planning checklists as tools to assist planners with transformational concepts and principles (Appendices C and D)



## Section V: Identifying Strategies for System Capacity Funding (pp.19-28)

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- DMH has provided list of structural, services and support strategies by age group (pp.19-27)
- Some strategies are included under all age groups
  - Outreach
  - Crisis services
  - Values driven evidence based and promising clinical services
  - Education about medications
  - Consumer/Family run services
  - On site services in primary care clinics and in faith-based community settings





## Section V: Identifying Strategies for System Capacity Funding (Youth)

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- Some strategies specific to age groups – for example for children, youth and families:
  - Wraparound Programs (required)
  - Family Partnership Programs
  - Integrated service plans across systems
  - On site services in schools, juvenile halls and child welfare shelters
- For transition age youth
  - Linkages with youth and adult systems
  - Classes on community living
  - Services to assist families in supporting TAY



# Section V: Identifying Strategies for System Capacity Funding (Adults)

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- For adults
  - Integrated service agencies
  - Wellness Recovery Action Planning
  - Integrated services with law enforcement, probation and courts. Integrated forensic programs.
  - Assertive Community Treatment teams
- For older adults:
  - Mobile services
  - Homecare assistance, including training of caregivers
  - Coordination with and education for primary care providers



# Section V: Identifying Strategies for System Capacity Funding

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- Required county responses
  - Strategies must be identified for each age group – may choose to implement multiple strategies
  - Counties must discuss how their chosen strategies will:
    - Assist in meeting needs of ethnic consumers
    - Be gender sensitive
    - How they will be met for individuals residing out of county
  - Counties must describe how they used the planning checklists in their process
  - Counties selecting other strategies must justify their priority and consistency with the MHSA.



# Section V: Identifying Strategies for System Capacity Funding

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- Involuntary Services
  - If a county requests funding for involuntary services they must:
    - Describe how their request meets all existing statutory provisions regarding involuntary services
    - Describe how the request is consistent with the MHSA
    - Describe how these services will contribute to the goal of *reducing* involuntary care



# Section VI: Assessing Capacity (pp. 28-29)

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- Direction: The Act requires DMH to assess capacity of each county to carry out their plan and serve the proposed numbers of clients in each age group
- Counties must develop or update organizational and service provider assessments



# Section VI: Assessing Capacity

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- Required Responses:
  - Completion of Exhibit 1- Current Staffing Capacity
    - this asks for total FTE and people by discipline, as well as numbers of current vacancies and a rating of recruitment difficulties in each category
  - Provision of data about county and contract staff ethnicity and language capabilities by categories including administration and management, direct and support service staff, interpreters and consumers/family members



# Section VI: Assessing Capacity

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- Analysis of staff with relationship to geographic and population needs assessment including ethnic and linguistic factors
  - Identify objectives in these areas
  - Identify barriers in these areas
  - Compare the percentages of staff in relation to the client population in terms of culture, ethnicity and language
- Describe system strengths and primary barriers to expansions for proposed enrolled member services and system capacity services for each age group



## Section VII – Developing a Workplan with Timeframes (pp. 29-31)

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- Directions – This section is to include a detailed workplan, essential for DMH in assessing county capacity and for establishing performance measures for the county's performance contract
- Periodic progress reports will be required
- Separate information is required for enrolled member services and system capacity services.





# Section VII – Developing a Workplan with Timeframes

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## ■ For **Enrolled Member Services**

- Face Sheet – Exhibit 2 (page 34) – asks for basic program information and county contact
- Staffing Detail Worksheet – Exhibit 3 (page 35) – asks current and proposed program staffing
- Strategies Checklist (Exhibits 4 or 5, depending on age group ( pp.36-47). These lists mirror the strategies in the Service Strategy section and counties must check which strategies they are intending to implement or expand for enrolled member services



# Section VII – Developing a Workplan with Timeframes

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- For Enrolled Member Services (continued)
  - In addition to exhibits counties must provide the following:
    - Numbers and age categories of members to be enrolled each year
    - Status of those to be enrolled as to whether they are currently unserved, or in an underserved category



# Section VII – Developing a Workplan with Timeframes

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- For Enrolled Member Services (continued)
  - In addition to exhibits counties must provide the following:
    - Identification of community issues to be addressed by the enrolled member program
      - Enrollees will be homeless and programs will address the issue of homelessness
      - Enrollees will be youth in juvenile hall and program will address the community issues of incarceration and juvenile justice system involvement



# Section VII – Developing a Workplan with Timeframes

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- For enrolled member services (continued)
  - In addition to service strategies checklist, if expanding an existing program describe what changes will occur
  - Describe whether program will utilize consumer/family provided services
  - Describe collaboration strategies for this program and how they will help to improve services and outcomes
  - Describe how services will be provided to clients out-of-county
  - When appropriate, describe how this enrolled member program will address identified ethnic disparity issues, including strategies and staff with specific specific skills
  - Provide critical implementation dates



# Section VII – Developing a Workplan with Timeframes

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- For **System Capacity** Funding Requests:
  - Complete same staffing detail worksheet (Exhibit 3, page 35)
  - For each new or expanded program, must provide
    - Numbers and age groups of persons served each year
    - Situational characteristics of those to be served
    - In addition to the strategies checklist, the same information as asked for under the enrolled member section – if an existing program, what will change, describe consumer/family run services, describe collaboration, address out-of-county clients, whether this program will address ethnic disparities and if so, what strategies will be used to do this.
  - Provide critical implementation dates



# Section VIII: Developing the Budget (p. 31)

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- Format and instructions to be provided in mid-March.



# Section IX: Local Review and Public Hearing (p. 31)

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- Direction – Provides MHSA requirements for review (at least 30 days) and Mental Health Board and Commission review requirements
- Required Responses
  - Process for review – describe how process insured that draft plan was widely circulated to stakeholders
  - Provide documentation of MHB/C public hearing
  - Provide summary and analysis of substantive recommendations for revision